Amendment I to RFP 2019-LDI-01

3/27/2019

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS FOR THE REQUEST FOR PROPOSAL NUMBER: 2019-ACHN-01. THIS AMENDMENT MUST BE INCLUDED IN THE VENDOR'S RESPONSE AND MEET THE REQUIREMENTS AS DEFINED IN THE RFP.

THE VENDOR MUST SIGN AND RETURN THIS AMENDMENT WITH THEIR PROPOSAL.

I. <u>RFP Coversheet, Page 1 change as follows:</u>

<u>Currently reads as:</u>

RFP Number: 2019-LDI-01	RFP Title: Lab	FP Title: Lab Data Integration RFP		
RFP Due Date and Time: April 5 Central Time	, 2019 by 5pm	Number	r of Pages: 55	
	PROCUREMENT	Γ INFORMA	TION	
Project Director: Gary Parker			Issue Date: March 6, 2019	
E-mail Address: Meaningful.Use@medicaid.alaban Website: http://www.medicaid.		Issuing Di	vision: Health Information Technolog	
	INSTRUCTIONS T	O CONTRA	CTORS	
Return Proposal to:			e of Envelope/Package: per: 2019-LDI-01	
Gary Parker	-	RFP Due Date: April 5, 2019 by 5pm CT		
Alabama Medicaid Agency Lurleen B. Wallace Building 501 Dexter Avenue PO Box 5624 Montgomery, AL 36103-5624		Firm and I	Fixed Price:	
(Contractor mus	CONTRACTOR	_	TION turn with RFP response)	
Contractor Name/Address:			d Contractor Signatory: (Please print I sign in ink)	
Contractor Phone Number:		Contracto	r FAX Number:	
Contractor Federal I.D. Number:		Contracto	r E-mail Address:	

Revised as:

	RFP Title: Lab	Doto Intogr	ation DED
RFP Number: 2019-LDI-01	KFI Title. Lab	Data Integr	ation KF1
RFP Due Date and Time: April 2 Central Time	6, 2019 by 5pm	Number	r of Pages: 55
	PROCUREMENT	ΓINFORMA	TION
Project Director: Gary Parker			Issue Date: March 6, 2019
E-mail Address: Meaningful.Use@medicaid.alaban Website: http://www.medicaid.		Issuing Di	vision: Health Information Technology
	CTORS		
Return Proposal to:			of Envelope/Package: per: 2019-LDI-01
Gary Parker		RFP Due D	ate: April 26, 2019 by 5pm CT
Alabama Medicaid Agency		Firm and l	Fixed Price:
Lurleen B. Wallace Building 501 Dexter Avenue			
PO Box 5624			
Montgomery, AL 36103-5624			
(Contractor mus	CONTRACTOR of complete the follo	_	TION turn with RFP response)
Contractor Name/Address:	·	Authorize	d Contractor Signatory: (Please print sign in ink)
Contractor Phone Number:		Contracto	r FAX Number:
Contractor Federal I.D. Number:		Contracto	r E-mail Address:

II. <u>Section B Schedule of Events, Page 3 change as follows:</u>

<u>Currently reads as:</u>

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	March 20, 2019
RFP Questions and Answers Posted	March 27, 2019
Proposals Due by 5 pm CT	April 5, 2019
Evaluation Period	April 10-26, 2019
Contract Award Notification	May 1, 2019
**Contract Review Committee	June 6, 2019
Official Contract Award//Begin Work	July 1, 2019

Revised as:

EVENT	DATE
RFP Issued	March 6, 2019
RFP Questions Due	April 5, 2019
RFP Questions and Answers Posted	April 17, 2019
Proposals Due by 5 pm CT	April 26, 2019
Evaluation Period	May 2-20, 2019
Contract Award Notification	May 31, 2019
**Contract Review Committee	July 11, 2019
Official Contract Award//Begin Work	August 1, 2019

Authorized Contractor Signature	Date	
	-	
Contractor Organization		